



#### IV. FAFSA Verification Information

##### A. Family Size

*Please read carefully to determine who to include in your family size.*

DEPENDENT STUDENTS\* (if you are required to provide your parents' information on the FAFSA) list:

- Your custodial parent(s), including stepparent (even if you do not live with your parents).
- Your sibling(s) if they receive more than 50% of their financial support from your parent(s).
- Other people who live with and receive at least 50% of their financial support from your parents and will continue to receive this support through June 30, 2011.
- Include the college name and enrollment status for any household member who will be attending college at least half time and enrolled in a degree/certificate program between July 1, 2010 and June 30, 2011.

List Name(s) included in your Family Size	Age	Relationship	Name of College/University Attending in 2009-2010	If Attending College Check One:	If Attending College Check One:
1 You - student applicant		Self	Emmanuel College	<input type="radio"/> Half-Time or greater <input type="radio"/> Less Than Half-Time	<input type="radio"/> Undergraduate <input type="radio"/> Graduate
2 Parent				<input type="radio"/> Half-Time or greater <input type="radio"/> Less Than Half-Time	<input type="radio"/> Undergraduate <input type="radio"/> Graduate
3				<input type="radio"/> Half-Time or greater <input type="radio"/> Less Than Half-Time	<input type="radio"/> Undergraduate <input type="radio"/> Graduate
4				<input type="radio"/> Half-Time or greater <input type="radio"/> Less Than Half-Time	<input type="radio"/> Undergraduate <input type="radio"/> Graduate
5				<input type="radio"/> Half-Time or greater <input type="radio"/> Less Than Half-Time	<input type="radio"/> Undergraduate <input type="radio"/> Graduate
6				<input type="radio"/> Half-Time or greater <input type="radio"/> Less Than Half-Time	<input type="radio"/> Undergraduate <input type="radio"/> Graduate
7				<input type="radio"/> Half-Time or greater <input type="radio"/> Less Than Half-Time	<input type="radio"/> Undergraduate <input type="radio"/> Graduate
8				<input type="radio"/> Half-Time or greater <input type="radio"/> Less Than Half-Time	<input type="radio"/> Undergraduate <input type="radio"/> Graduate

*Note: Half-time is usually considered two courses per semester. If more than eight family members, use additional pages.*

\*INDEPENDENT STUDENTS (if you are not required to provide your parents' information on the FAFSA) please list your spouse, your children (only if they receive more than 50% of their financial support from you) and other people who live with and receive more than 50% of their financial support from you and will continue to through June 30, 2011.

##### B. 2009 Federal Income Tax Filing Status

###### Student Filing Status – Check One:

- I have filed a 2009 Federal Income Tax Return. A signed copy complete with schedules and W-2 forms is attached.
- I will file a 2009 Federal Income Tax Return. A signed copy complete with schedules and W-2 forms will be mailed by \_\_\_\_\_ (date).
- I did not and am not required to file a 2009 Federal Income Tax Return.
- I have requested a Federal Income Tax Extension from the IRS. Attached is a copy of Form 4868 and copies of my 2009 W-2 forms, or, if self-employed, a signed statement certifying estimated adjusted gross income for 2009.

###### Parent(s) Filing Status – Check One:

- I (we) have filed a 2009 Federal Income Tax Return. A signed copy complete with schedules and W-2 forms is attached.
- I (we) will file a 2009 Federal Income Tax Return. A signed copy complete with schedules and W-2 forms will be mailed by \_\_\_\_\_ (date).
- I (we) did not and am not required to file a 2009 Federal Income Tax Return.
- I (we) have requested a Federal Income Tax Extension from the IRS. Attached is a copy of Form 4868 and copies of my 2009 W-2 forms, or, if self-employed, a signed statement certifying estimated adjusted gross income for 2009.

**C. Sources of Untaxed Income**

Please list below sources of untaxed income that you were not required to report on your Federal Income Tax Return.

**NOTE: Only complete applications will be processed. Please enter an amount or a zero (0) in the spaces below.**

Student/Spouse	2009 Annual Amount	Parent(s)	2009 Annual Amount
If not filing a tax return, enter your earned income (refer to your 2009 W-2 forms).	\$.....	If not filing a tax return, enter earned income (refer to your 2009 W-2 forms).	\$.....
Payments to tax deferred pension and savings plans (paid directly or withheld from earnings), including amounts reported on W-2 Form in Box 12a-12d, codes D, E, F, G, H and S.	\$.....	Payments to tax deferred pension and savings plans (paid directly or withheld from earnings), including amounts reported on W-2 Form in Box 12a-12d, codes D, E, F, G, H and S.	\$.....
Child Support and/or other monetary support received for all children. Do not include foster care or adoption payments.	\$.....	Child Support and/or other monetary support received for all children. Do not include foster care or adoption payments.	\$.....
Welfare Benefits, including Temporary Assistance for Needy Families. Do not include food stamps or subsidized housing.	\$.....	Welfare Benefits, including Temporary Assistance for Needy Families. Do not include food stamps or subsidized housing.	\$.....
Untaxed Social Security Benefits (such as SSI) paid directly to student.	\$.....	Untaxed Social Security Benefits (such as SSI) paid directly to parent.	\$.....
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits).	\$.....	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits).	\$.....
Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), etc.	\$.....	Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), etc.	\$.....
Other untaxed income not reported, such as workers' compensation, disability, etc. Don't include student aid, earned income credit, child tax credit, welfare payments, untaxed Social Security benefits, Workforce Investment Act educational benefits, combat pay (if you are not a tax filer), benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$.....	Other untaxed income not reported, such as workers' compensation, disability, etc. Don't include student aid, earned income credit, child tax credit, welfare payments, untaxed Social Security benefits, Workforce Investment Act educational benefits, combat pay (if you are not a tax filer), benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$.....
Money received, or any money paid on your behalf, not reported elsewhere on this form.	\$.....	Money received, or any money paid on your behalf, not reported elsewhere on this form.	\$.....
<b>Total</b>	<b>\$.....</b>	<b>Total</b>	<b>\$.....</b>

**D. Title IV Income Exclusions**





Please enter an amount or a zero (0) in the spaces below.

Student/Spouse	Annual Amount	Parent(s)	Annual Amount
Child support paid because of divorce or separation. Do not include support paid for children who are listed in the family size chart.	\$.....	Child support paid because of divorce or separation. Do not include support paid for children who are listed in the family size chart.	\$.....
Federal Work-Study earned in 2009.	\$.....	Federal Work-Study earned in 2009.	\$.....
Student grant, scholarship, and fellowship aid, including AmeriCorps awards, that was reported to the IRS in your adjusted gross income.	\$.....	Student grant, scholarship, and fellowship aid, including AmeriCorps awards, that was reported to the IRS in your adjusted gross income.	\$.....
Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income.	\$.....	Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income.	\$.....
<b>Total</b>	<b>\$.....</b>	<b>Total</b>	<b>\$.....</b>

**E. Asset Information**

*Please list the current market value and total liabilities/debts against each asset.*

*Please enter either an amount or a zero (0) in the spaces below.*

Student/Spouse	Value	Debt	Parent(s)	Value	Debt
Cash, Savings, Checking	\$.....		Cash, Savings, Checking	\$.....	
Investments (stocks, bonds, CDs. Do not include retirement accounts)	\$.....		Investments (stocks, bonds, CDs. Do not include retirement accounts)	\$.....	
Home (primary residence)	\$.....	\$.....	Home (primary residence)	\$.....	\$.....
Other Real Estate (rental property, vacation home, etc.)	\$.....	\$.....	Other Real Estate (rental property, vacation home, etc.)	\$.....	\$.....
Business/Farm	\$.....	\$.....	Business/Farm	\$.....	\$.....
Does this business have:	<input type="radio"/> More than 100 full-time employees	<input type="radio"/> 100 or less full-time employees	Does this business have:	<input type="radio"/> More than 100 full-time employees	<input type="radio"/> 100 or less full-time employees

**V. Comments (optional)**

Provide below information regarding any special circumstances that might be helpful to us when assessing your financial need. Attach an additional sheet if necessary.

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**VI. Permission to Share Information/Certification of Accuracy**

I understand the Office of Student Financial Services at Emmanuel College may have to discuss my tax return or other personal information with my child/parent/spouse or other College officials to clarify his/her eligibility for financial aid.

I attest that the information in this application and all submitted supporting documentation is true and complete to the best of my knowledge. I know that I am required to notify Emmanuel College if I receive other scholarships or grants not reported on my Financial Aid Award Letter and I understand that changes to my enrollment or housing status may affect my eligibility for financial assistance. I understand my financial aid is estimated until all requested documentation is submitted and the verification of application data is complete.

**NOTE: Only complete applications will be processed. Please review this application to ensure that either an amount or a “0” (zero) has been entered where designated. Both signatures are required.**

Student’s Signature..... Date.....

Parent’s Signature..... Date.....

Parent’s Cell Phone.....

Parent’s Work Phone.....

Parent’s E-mail.....

Please return this application to:



**EMMANUEL COLLEGE**

Office of Student Financial Services  
400 The Fenway  
Boston, MA 02115

or

fax to (617) 735-9939

To apply for need-based financial assistance at Emmanuel College, in addition to this application, please complete and submit the 2010-2011 FAFSA to the federal processor (this application is available in paper format or online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov)). The Emmanuel College Federal School Code is 002147.